

Remarks

## I. Claims Status

Prior to this amendment, Claims 1, 9, 10, 13 and 14 were pending. Claim 1 was rejected, Claims 9 and 10 were objected to and Claims 13 and 14 were allowed. Claim 1 has been amended to delete the terms “prodrug” and “solvate” without prejudice. Claim 1 has further been amended to end in a period.

No new matter has been added by these amendments.

## II. Election/Restriction

Applicants believe that R<sup>1</sup>, R<sup>3</sup>, and R<sup>6</sup> have been amended, to comply with the Restriction Requirement, in the previous Response.

## III. Claim Rejections

## a. 35 U.S.C. § 112 First Paragraph

Claim 1 stands rejected under 35 U.S.C. § 112 First Paragraph. The Examiner contends that the prodrugs and solvates of the compounds of the invention are not enabled. Without conceding the Examiners position the terms “prodrug” and “solvate” have been deleted from Claim 1 without prejudice. Applicants respectfully request reconsideration and withdrawal of this rejection.

## b. 35 U.S.C. § 112 Second Paragraph

Claim 1 stands rejected under 35 U.S.C. § 112 Second Paragraph. The Examiner contends that the terms “prodrug” and “solvate” in Claim 1 are indefinite. Without conceding the Examiners position the terms “prodrugs” and “solvates” have been deleted from Claim 1 without prejudice. Applicants respectfully request reconsideration and withdrawal of this rejection.

IV. Claim Objections

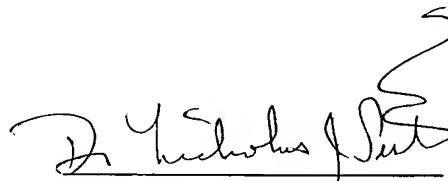
Claims 9 and 10 have been objected to as being dependant upon a rejected base claim. It is contended that Claim 1 is now in allowable form. Applicants respectfully request reconsideration and withdrawal of the objection.

Conclusion

It is believed that the application is now in condition for allowance. Favorable action is earnestly solicited. If the Examiner believes a telephonic interview would expedite the prosecution of the instant case she is invited to call the applicants representative whose contact information appears below.

The Commissioner is hereby authorized to charge any additional fees that may be required, or credit any overpayment, to Deposit Account No. 16-1445. Two (2) copies of this sheet are enclosed herewith.

Date: \_\_\_\_\_

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